

JA,19

DUES CHECK OFF AUTHORIZATION FORM

Recognizing the need for a strong Union, I hereby request and voluntarily authorize my Employer to deduct from my paycheck each pay period and to forward to the Seattle Office of SAG-AFTRA my union dues including any initiation fees, late fees and/or assessments (collectively "Dues and Fees") which I may owe to the Union in accordance with the Constitution and Bylaws of the Union. If at any time SAG-AFTRA notifies my Employer that there has been a change in Dues and Fees, I hereby authorize a corresponding change in the deduction amount.

By signing this Check-off Authorization Form, I understand that if I leave this Employer, I remain obligated to pay SAG-AFTRA any owed Dues and Fees. In addition, because everyone represented by SAG-AFTRA should pay their fair share to support SAG-AFTRA's activities, this authorization shall remain in effect and shall be irrevocable, irrespective of my membership in the Union, unless I revoke it by sending written notice, executed by me, via U.S. mail, to the Union during the period not less than thirty (30) days and not more than sixty (60) days before the annual anniversary date of this agreement or the date of termination of the applicable Collective Bargaining Agreement between my Employer and SAG-AFTRA, whichever occurs sooner. This authorization shall be automatically renewed as an irrevocable check-off from year to year irrespective of my membership in the Union, unless I revoke it in writing during the window period.

This Check-off Authorization was voluntarily executed by me on the date indicated below.

Amount of Deduction: Effective Date: